

to make America a better place. When everyone begins doing their part, a magnificent nation will emerge.

TRIBUTE TO BERNADETTE F.
BAYNE, ESQ.

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 1, 1996

Mr. TOWNS. Mr. Speaker, as a jurist and practicing attorney in Brooklyn for over 25 years, Bernadette F. Bayne has epitomized hardwork and dedication. A graduate of Pace University and New York University School of Law, Ms. Bayne served as a criminal court judge for the city of New York from 1991 to 1994. Prior to this distinguished honor, Ms. Bayne used her legal expertise to improve the quality of life for New York City by serving as an administrative law judge for the New York State Workers' Compensation Board, as a former commissioner of the New York City Civil Service Commission, and as staff attorney for the criminal defense division of the Brooklyn Legal Aid Society.

Currently, in private practice, Ms. Bayne is admitted to practice in New York State, the Federal courts for the Southern and Eastern Districts of New York, and the Court of Appeals. Her various professional affiliations include the Metropolitan Black Bar Association, Kings County Criminal Bar Association, Brooklyn Women's Bar Association, Bedford Stuyvesant Lawyers Association, and the Association of the Bar of the City of New York.

Ms. Bayne and her husband, Bernard, are the proud parents of two children, Tracy and Michael. I am pleased to introduce Ms. Bayne to my colleagues.

TEENAGE PREGNANCY REDUCTION
ACT OF 1996

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 1, 1996

Mrs. LOWEY. Mr. Speaker, I am pleased to introduce the Teenage Pregnancy Reduction Act of 1996, a bill that has bi-partisan support. This bill will provide for in-depth evaluation of teen pregnancy prevention programs nationwide.

This bill is one of the first initiatives of the Congressional Advisory Panel to the National Campaign to Prevent Teenage Pregnancy—a bi-partisan panel that was announced earlier today. I am very proud that I am introducing this bill with my co-chair of the Advisory Panel, Rep. MIKE CASTLE, and the vice-chairs of the Advisory Panel, Reps. NANCY JOHNSON and EVA CLAYTON. Several other members of the Advisory Panel join us as original co-sponsors.

This bill provides for very needed in-depth evaluation of promising teen pregnancy prevention programs. At a time when we are discussing making serious investments in teen pregnancy prevention programs, it is critical that we understand which programs are truly effective, why they are effective, and whether they can be replicated in other communities.

Teen pregnancy is one of the most critical issues facing America today. The explosion of

out-of-wedlock teen births in the United States is a moral crisis that threatens to undermine our Nation.

Each year, 1 million American teenagers become pregnant and approximately 175,000 teens give birth to their first child. The number of teen mothers in the United States has risen by 21 percent in the last decade. As a result, the United States now has the highest teen pregnancy rate in the Western World.

The odds are stacked against the children of teen mothers from the minute they are born. These children are more likely to be born prematurely and have lower birth weights than other children. As they grow older, the children of teen mothers are more likely to drop out of high school, wind up in jail, or end up on welfare.

Teen mothers also face serious problems. They are more likely to drop out of high school and end up on welfare. In fact, a new report just released by the non-partisan Robin Hood foundation revealed that the teen pregnancy crisis costs our Nation an estimated \$29 billion a year in increased education, welfare and prison expenses.

As a nation, we can no longer afford the consequences of teen pregnancy.

We must provide teens with positive options to pregnancy. We must expand employment and educational opportunities for teens so that they have realistic alternatives to pregnancy. Public policy must help our children learn and help them to get jobs.

Community leaders must also speak out and use their influence. Our Nation's culture must change. We must encourage America's teens to remain abstinent and responsible before marriage. We must restore the stigma that used to accompany teen pregnancy and make it very clear to America's teens that pregnancy is just not an option.

Teen pregnancy robs teens of both their childhood and their futures. It also robs their children, and their children's children. As leaders in our communities, we must speak out on this issue. This bill is one of the first steps we need to take in order to break this tragic cycle.

INTRODUCTION OF THE HIV
PREVENTION ACT OF 1996

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 1, 1996

Mr. COBURN. Mr. Speaker, it has been just 15 years since the first cases of AIDS were recognized. The first thousand cases had been reported to the CDC by February 1983. The cumulative incidence of reported AIDS reached 10,000 in the spring of 1985, only 2 years later. The cumulative number of cases reached a total of 513,486 by the end of 1995. Of these, 319,849 were known to have died. Clearly, this is an epidemic of historic proportion that is continuing to grow.

While no cure exists for AIDS, we know enough about the disease to prevent its spread completely. For instance, we now know that AIDS is caused by the human immunodeficiency virus [HIV] and is actually the end stage of HIV infection. We also know that the disease is transmitted through the exchange of body fluids and it attacks the body's immune system, eventually leaving the body unable to fend off disease.

What we do not know is the extent of the disease. We have failed to employ the public health procedures which have been successful in curtailing other epidemics in our efforts against HIV. These include confidential HIV reporting and partner notification.

We have made an effort to report cases of AIDS on a State and National level but not cases of HIV. We do not make it a priority to notify those who may have been exposed that their lives may be endangered.

Put simply, the Federal Government and the public health community have been AWOL in the battle against HIV. Sound medical practices have been abandoned and replaced with political correctness. HIV has been treated as a civil rights' issue instead of the public health crisis that it is.

Today, I am happy to introduce the HIV Prevention Act of 1996 in an attempt to return sound medical practices to our Nation's public health policy and curtail the spread of the deadly HIV epidemic.

Recent scientific breakthroughs make prompt passage of this bill extremely important.

Many of the world's top HIV scientists have suggested that it may be possible to eradicate the virus from the body and completely suppress it by using a combination of new HIV drugs. Some believe that these drugs may transform HIV from a terminal disease into a chronic disease like diabetes or heart disease. However, researchers agree that the success of these drugs depends upon getting treatment early.

This bill aims at protecting the uninfected and at helping those who are infected to discover their status as early as possible to maximize the opportunities now available.

The following is a section-by-section summary of the proposal.

IMPROVED HIV EPIDEMIC MEASUREMENT

The HIV Prevention Act establishes a confidential national HIV reporting effort.

Currently every State reports AIDS cases, which is merely the end stage HIV infection. By confidentially reporting new cases of HIV, those responsible for control of the disease can more accurately determine the current extent of the epidemic as well as future trends, rates of progression, direction of spread, possible changes in transmissibility and other critical factors of disease control. Such information will allow for the development of long-term strategies based on reliable data.

PARTNER NOTIFICATION

The HIV Prevention Act would require States to inform individuals if they may have been exposed to HIV by a current or past partner.

Partner notification is the only timely way to alert those in danger of infection and is the standard public health procedure for curtailing the spread of virtually all other sexually transmitted diseases.

Partner notification essentially requires two steps. The first is counsel all infected individuals about the importance of notifying their partner or partners that they may have been exposed. The second is for their doctor to forward the names of any partners named by the infected person to the Department of Health where specially trained public health professionals complete the notification. In all cases, the privacy of the infected person is, and must be, protected by withholding the name of the infected person from the partner being notified.